FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information			
1. Name and Mailing Address of R	espondent		
Gardonville Cooperati 800 Central Ave N Brandon MN 56315	ve Telephone		Check here if this is a change of address.
2. Year Report Filed	3. Reporting Period (Ending Date of Pay	4. Number of Full-Time Employees during Selected	
2018	Period Covered by Report) 3/10/2018	Reporting Period (check one): a. Pewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)	
SECTION II - Full-Time Employee	S.		

SECTION II - Full-Time Emp	loyee	s.						-									
		Number of Employees (Report employees in only one category)															
Job Categories		Race/Ethnicity															
		Hispanic or Latino			Not-Hispanic or Latino												
		Lo	uno .	Male						Female							
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		А	В	С	D	E	F	G	н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			1												1	
First/Mid-Level Officials and Managers	1.2			6						4						10	
Professionals	2			4						1						5	
Technicians	3			9												9	
Sales Workers	4			1						3						4	
Administrative Support Workers	5			1						6						7	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	22	0	0	0	0	0	14	0	0	0	0	0	36	
PREVIOUS YEAR TOTAL	11	0	0	21	0	0	0	0	0	17	0	0	0	0	0	38	

SECTION III - Part-Time Emp	loyees.																
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories		Hispanic or Latino		Not-Hispanic or Latino													
				Male									Female				
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	t	
		Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5			1												1	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9			1						<u></u>						1	
TOTAL	10	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	
PREVIOUS YEAR TOTAL	11	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	
SECTION IV - Report of Discr	iminatio	on Compla	aints Pursua	nt to 47 CFR	22.321, 23.5	5, 90.168, 101	.4, and 101.	311.			2)						
This is to advise th company before at	ny body	having co	mpetent juris	diction in suc	h matters duri	ing the calenda	ar year covei	ed by this rep	ort.								
(Attach a list indica																	
SECTION V - Certification I certify that to the best of my kr	nowledg	e, informat	tion, and belie	ef, all stateme	ents in this rep	oort are true ar	nd correct.										
Date	Typed o	d or Printed Name of Person Signing					Signature						Telephone No.				
02/10/2010	Davi	avid Wolf											(320) 524-2211				
Title of Person Signing CEO/General Manager					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM AFE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												